

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DR		1-13-00
O.I.P.E. CLASSIFIER		19	2/2/03
FORMALITY REVIEW	RS	61730	2-8-00
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 : ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	✓ ✓
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6	✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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